

**Greetings to all,**

*It has been a great season thus far! I have met some wonderful teachers, students and parents. Thank you for your interest and hard work!*

*It is time to apply for your next Tech Trek visit, for the 2006-2007 school year.*

*Please return your application with preferred dates of request, by fax only.*

*Be sure to complete the form so as not to delay the process.*

*Applications will only be accepted through April 1<sup>st</sup>, 2006.*

*I look forward to hearing from you.*

*When the schedule for next year has been constructed, I will contact you!*

*Best Wishes!*

*Sharon Nelson*

Tech Trek Program Manager

WPAFB Educational Outreach Office

937 904-8626

937 904-8622

937 470-1014 Cell

937 904-8033 Fax

***Application for Visit  
2006-2007 Academic Year***

We are currently taking applications for the **2006-2007** school year. Please complete the application and return it to:

**Sharon Nelson  
TECH Trek Program Manager  
Det 1 AFRL/WSPT Bldg 45, Room 45  
Educational Outreach Office  
2130 Eighth Street  
WPAFB, OH 45433-7542**

**Ph.: 937-904-8626  
Fax: 937-904-8033  
E-mail: Sharon.Nelson@wpafb.af.mil**

***Teacher Information and Commitments***

**Name** \_\_\_\_\_ **School** \_\_\_\_\_

**School phone number** \_\_\_\_\_ **Home phone number** \_\_\_\_\_

**E-mail** \_\_\_\_\_ **Which is the best way to contact you?** \_\_\_\_\_

Are you a TECH Trek trained teacher? YES NO

If no, would you like information about the summer training sessions? YES NO

Only trained teachers may schedule a TECH Trek visit, however, we will pencil in those who request summer training.

We will be putting a calendar together on a first come, first serve, basis. Due to the demand for TECH Trek, schools will be scheduled for only one week at this time. Coordinate with the trained teachers in your building when choosing your dates. Make sure you look at your school calendar before choosing dates.

Please circle a preferred month of the year. If you know specific dates you may list them below.

August    September    October    November    December    January  
February    March    April    May    June    July

Preferred Visit Dates: Please list two different weeks.

\_\_\_\_\_

**Contact teacher signature and date** \_\_\_\_\_

**Administrator signature and date** \_\_\_\_\_